| DATERIT | A DDI ICATIONI | FEE DETERMINATION   |        |
|---------|----------------|---------------------|--------|
| LW EIN! | AFFLICATION    | CEE DE LEDIVINATION | RECURD |

Application or Docket Number

| Effective October 1, 2000 862. C 217)   |  |   |                 |                       |                      |                   |                               |             |                        |                |                     |                        |
|---|--|---|-----------------|-----------------------|----------------------|-------------------|-------------------------------|-------------|------------------------|----------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                 |                       |                      |                   | SMALL ENTITY TYPE             |             |                        | OTHER<br>SMALL | THAN                |                        |
| TOTAL CLAIMS  |  | 21  |                 |                       |                      | RA                | TE                            | FEE         | ]                      | RATE           | FEE                 |                        |
| FOR   |  | NUMBER FILED                              |                 | NUMBER EXTRA          |                      | BASI              | FEE                           | 355.00      | OR                     | BASIC FEE      | 710.00              |                        |
| то  | TAL CHARGEA  | BLE CLAIMS                                | ク∖ minus 20=    |                       | * \                  |                   | X\$                           | 9=          |                        | OR             | X\$18=              | 10                     |
| INDEPENDENT CLAIMS  |  |   | , mir           | / minus 3 = *         |                      |                   | X4                            |             | <b>-</b>               | 1              | X80=                | 18                     |
| MULTIPLE DEPENDENT CLAIM PI   |  |   |                 |                       |                      |                   |                               |             |                        | OR             | X0U=                | 240                    |
|   |  |   |                 |                       |                      | +13               | 35=<br>                       |             | OR                     | +270=          |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                 |                       |                      |                   | TO                            | ΓAL         |                        | OR             | TOTAL               | 968                    |
|   | C  | LAIMS AS A                                | MENDED          |                       |                      | (O-1 0)           | OTHER SMALL ENTITY OR SMALL E |             |                        |                |                     |                        |
|   |  | (Column 1)<br>CLAIMS                      |                 | (Colui                |                      | (Column 3)        | 5W                            | · ·         | ADDI-                  | OR<br>I I      | SWALL               |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUM<br>PREVIO<br>PAID | OUSLY                | PRESENT<br>EXTRA  | RA                            | TE          | TIONAL<br>FEE          |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN   | Total  | *   | Minus           | **                    |                      | =                 | X\$                           | 9=          |                        | OR             | X\$18=              |                        |
| AME   | Independent  | *   | Minus           | ***                   | -                    | =                 | Х4                            | 0=          |                        | OR             | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                 |                       |                      |                   | +13                           | E           |                        |                | +270=               |                        |
|   |  |   |                 |                       |                      |                   |                               | OTAL        |                        | OR             | TOTAL               |                        |
|   | •  |   |                 |                       |                      |                   | ADDIT                         |             |                        | OR             | ADDIT. FEE          |                        |
|   | (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST   |   |                 |                       |                      |                   |                               |             |                        |                |                     | ,î                     |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA  | RA                            | ΓΕ          | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total  | *   | Minus           | **                    |                      | =                 | X\$                           | 9=          |                        | OR             | X\$18=              |                        |
| AME   | Independent  | *   | Minus           | ***                   |                      | =                 | X4                            | )=          | ,                      | OR             | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                 |                       |                      |                   | +13                           | 5=          |                        | OR             | +270=               |                        |
|   |  |   |                 |                       |                      |                   |                               | DTAL<br>EEE |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE                     |  |   |                 |                       |                      |                   |                               |             |                        |                |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM           | HEST<br>BER<br>OUSLY | PRESENT<br>EXTRA  | RA                            | ΓE          | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| Ş<br>Q  | Total  | *   | Minus           | **                    |                      | =                 | X\$                           | 9=          |                        | OR             | X\$18=              |                        |
| ME  | Independent  | *   | Minus           | ***                   |                      | =                 | X40                           | )           |                        |                | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR                                     |  |   |                 |                       |                      |                   |                               | 700=        |                        |                |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                 |                       |                      |                   |                               |             | OR                     | +270=          |                     |                        |
| **  | If the "Highest Nu   | mber Previously P                         | aid For" IN THI | S SPACE               | is less tha          | n 20, enter "20." | TO<br>ADDIT.                  | TAL<br>FEE  |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
|   | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                 |                       |                      |                   |                               |             |                        |                |                     |                        |

| CLAIMS AS FILED - PART I  |   |                   |                                   |              |                   | SMALL              | E4           | ITITY                   | ~~~~    | O                       | <del></del>            |
|---|---|-------------------|-----------------------------------|--------------|-------------------|--------------------|--------------|-------------------------|---------|-------------------------|------------------------|
| TOTAL CLAIMS  |   | Colum             | olumu 1 <sub>1</sub>              |              | (Column 2)        |                    | SMALL ENTITY |                         | OR      | OTHER THAN SMALL ENTITY |                        |
| TOTAL CLAIMS  | ·   |                   |                                   |              |                   | RAT                | E            | FEE                     | 7       | RATE                    | FEE                    |
| FOR   |   | रक्ष गुरुष्टि ह   | STREET:                           | 11(1)(1)     | BER EZTRA         | BASIC              | :ee          | 370 00                  | OR      | BASIC FEE               |                        |
| TOTAL CHARGE  | ABLE CLAIM:                               | nı                | nus 20                            | ,            |                   | X\$ 9              |              |                         | OR      | X\$18±                  |                        |
| INDEPENDENT C   | CLAIMS                                    | u.                | inus 3 =                          |              |                   | 742:               |              |                         | 1       | X84=                    | ļ                      |
| MULTIPLE DEPE   | NDENT CLYIM B                             | RESENT            |                                   |              |                   | +140               | 1            | <del></del>             | OR      | <u> </u>                |                        |
| • If the difference   | e in Celamn 1 is                          | less than z       | ero, enter                        | "O" in (     | column 2          | 16:14              | _4.          | <del></del>             | OR      | +280÷                   |                        |
| Λο  | CLAIMS AS A                               | иенрег            | o - Par                           | TII          |                   |                    | ' L          |                         | (4)     | TOTAL                   |                        |
|   | (Column 1)                                | Party desired     | (Colur                            | nn 2)        | (Cotumn 3)        | SMAL               | LE           | илпл                    | OR .    | OTHER<br>SMALL          |                        |
| Total Independent   | REMAINING<br>AFTER<br>AMENDMENT           |                   | HIĞH<br>NUME<br>PREVIC<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA  | RATE               |              | ADDI-<br>IONAL<br>FEE   |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
| Total   | 26  | Minus             | .2                                |              | 3                 | X\$ 9≥             |              |                         | OR      | Ж\$18≃                  | 90                     |
| Independent<br>FIRST PRESE  | ENTATION OF MI                            | Minus JETIPLE DEI | PENDENT                           | CLAIM        | 3                 | X42=               |              |                         | OR      | X84=                    | 28                     |
|   |   |                   |                                   |              |                   | +140=              |              |                         | OR      | +280=                   | ,                      |
|   |   |                   |                                   |              |                   | TOTA<br>ADDIT FE   |              |                         | OR a    | JATOT<br>BBR TIGG       | <del></del>            |
|   | (Column 1)                                |                   | (Colun                            | າຕຸ 2)       | (Column 3)        |                    |              |                         | •       | ·                       | :                      |
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHE<br>HUME<br>PREVIO<br>PAID I | BER          | PRESENT<br>EXTRA  | RATE               | T            | ADDI-<br>IONAL<br>FEE : |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
| Total Independent   | *   | Mińus             | **                                |              | =                 | X\$ 9=             |              |                         | OR      | X\$18=                  |                        |
| Independent   | 4 5 4 5 4 4 6 5 4 4                       | Minus             | ***                               |              | =                 | X42=               | 1            |                         | OR      | X84=                    |                        |
| FIRST PRESE   | ENTATION OF MU                            | JUI IPLE DEI      | PENDENT                           | CLAIM        |                   | +140=              | 1            |                         | Ī       | +280=                   |                        |
|   |   |                   |                                   |              |                   | TOTA               | ; -          |                         | OR      | TOTAL                   |                        |
|   |   |                   |                                   |              |                   | ADDIT. FE          |              |                         | OR A    | DDIT. FEE               |                        |
| N. S. S. S. Stewart and   | (Column 1) CLAIMS                         | Bearing to a very | (Colum<br>HIGH                    |              | (Column 3)        |                    |              | -                       |         |                         |                        |
| Total Independent   | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUME<br>PREVIO<br>PAID F          | BER<br>WSLY  | PRESENT<br>EXTRA  | RATE               | TI           | ADDI-<br>ONAL<br>FEE    |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
| Total   | *   | Minus             | 44                                |              | =                 | X\$ 9=             |              |                         | OR      | X\$18=                  |                        |
| Independent   | 1   | Minus             | **-4                              | <del></del>  | =                 | X42=               | 1            |                         | ŀ       | X84=                    |                        |
| FIRST PRESE   | ENTATION OF MI                            | JLTIPLE DE        | PENDENT                           | CLAIM        |                   | <u> </u>           | 1-           |                         | OR      |                         |                        |
| If the entry in colu  | ımn 1 is less than tl                     | ne entry in act   | imo o veit-                       | 'O' in an    | lumn 3            |                    |              | (                       | OR      | +280=                   |                        |
| If the "Highest No<br>"Highest No." This the "Highest No." "H | imber Previously Pa                       | ald For" (IN THI  | S SPACE IS                        | less tha     | n 20, enter "20." | TOTA<br>ADDIT, FEI |              |                         | A AC    | TOTAL<br>DDIT. FEE      |                        |
| The Highest Nur   | mber Previously Pal                       | ld For" (Total o  | r Independe                       | ent) is the  | highest number    | found in the a     | uppro        | priate box              | In colu | mn 1.                   |                        |